

110TH CONGRESS  
1ST SESSION

# H. R. 477

To amend the Public Health Service Act to strengthen education, prevention, and treatment programs relating to stroke, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JANUARY 16, 2007

Mrs. CAPPS (for herself and Mr. PICKERING) introduced the following bill;  
which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to strengthen education, prevention, and treatment programs relating to stroke, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Stroke Treatment and  
5 Ongoing Prevention Act”.

6 **SEC. 2. AMENDMENTS TO PUBLIC HEALTH SERVICE ACT**  
7 **REGARDING STROKE PROGRAMS.**

8 (a) STROKE EDUCATION AND INFORMATION PRO-  
9 GRAMS.—Title III of the Public Health Service Act (42

1 U.S.C. 241 et seq.) is amended by adding at the end the  
2 following:

3 **“PART R—STROKE EDUCATION, INFORMATION,**  
4 **AND DATA COLLECTION PROGRAMS**  
5 **“SEC. 399AA. STROKE PREVENTION AND EDUCATION CAM-**  
6 **PAIGN.**

7 “(a) IN GENERAL.—The Secretary shall carry out an  
8 education and information campaign to promote stroke  
9 prevention and increase the number of stroke patients who  
10 seek immediate treatment.

11 “(b) AUTHORIZED ACTIVITIES.—In implementing the  
12 education and information campaign under subsection (a),  
13 the Secretary may—

14 “(1) make public service announcements about  
15 the warning signs of stroke and the importance of  
16 treating stroke as a medical emergency;

17 “(2) provide education regarding ways to pre-  
18 vent stroke and the effectiveness of stroke treat-  
19 ment; and

20 “(3) carry out other activities that the Sec-  
21 retary determines will promote prevention practices  
22 among the general public and increase the number  
23 of stroke patients who seek immediate care.

1       “(c) MEASUREMENTS.—In implementing the edu-  
 2 cation and information campaign under subsection (a), the  
 3 Secretary shall—

4           “(1) measure public awareness before the start  
 5 of the campaign to provide baseline data that will be  
 6 used to evaluate the effectiveness of the public  
 7 awareness efforts;

8           “(2) establish quantitative benchmarks to meas-  
 9 ure the impact of the campaign over time; and

10          “(3) measure the impact of the campaign not  
 11 less than once every 2 years or, if determined appro-  
 12 priate by the Secretary, at shorter intervals.

13       “(d) NO DUPLICATION OF EFFORT.—In carrying out  
 14 this section, the Secretary shall avoid duplicating existing  
 15 stroke education efforts by other Federal Government  
 16 agencies.

17       “(e) CONSULTATION.—In carrying out this section,  
 18 the Secretary may consult with organizations and individ-  
 19 uals with expertise in stroke prevention, diagnosis, treat-  
 20 ment, and rehabilitation.

21       **“SEC. 399BB. PAUL COVERDELL NATIONAL ACUTE STROKE**  
 22                               **REGISTRY AND CLEARINGHOUSE.**

23       “The Secretary, acting through the Centers for Dis-  
 24 ease Control and Prevention, shall maintain the Paul

1 Coverdell National Acute Stroke Registry and Clearing-  
2 house by—

3 “(1) continuing to develop and collect specific  
4 data points and appropriate benchmarks for ana-  
5 lyzing care of acute stroke patients;

6 “(2) collecting, compiling, and disseminating in-  
7 formation on the achievements of, and problems ex-  
8 perience by, State and local agencies and private  
9 entities in developing and implementing emergency  
10 medical systems and hospital-based quality of care  
11 interventions; and

12 “(3) carrying out any other activities the Sec-  
13 retary determines to be useful to maintain the Paul  
14 Coverdell National Acute Stroke Registry and Clear-  
15 inghouse to reflect the latest advances in all forms  
16 of stroke care.

17 **“SEC. 399CC. STROKE DEFINITION.**

18 “For purposes of this part, the term ‘stroke’ means  
19 a ‘brain attack’ in which blood flow to the brain is inter-  
20 rupted or in which a blood vessel or aneurysm in the brain  
21 breaks or ruptures.

22 **“SEC. 399DD. AUTHORIZATION OF APPROPRIATIONS.**

23 “There is authorized to be appropriated to carry out  
24 this part \$5,000,000 for each of fiscal years 2008 through  
25 2012.”.

1 (b) EMERGENCY MEDICAL PROFESSIONAL DEVELOP-  
2 MENT.—Section 1251 of the Public Health Service Act  
3 (42 U.S.C. 300d–51) is amended to read as follows:

4 **“SEC. 1251. MEDICAL PROFESSIONAL DEVELOPMENT IN AD-**  
5 **VANCED STROKE AND TRAUMATIC INJURY**  
6 **TREATMENT AND PREVENTION.**

7 “(a) RESIDENCY AND OTHER PROFESSIONAL TRAIN-  
8 ING.—The Secretary may make grants to public and non-  
9 profit entities for the purpose of planning, developing, and  
10 enhancing approved residency training programs and  
11 other professional training for appropriate health profes-  
12 sions in emergency medicine, including emergency medical  
13 services professionals, to improve stroke and traumatic in-  
14 jury prevention, diagnosis, treatment, and rehabilitation.

15 “(b) CONTINUING EDUCATION ON STROKE AND  
16 TRAUMATIC INJURY.—

17 “(1) GRANTS.—The Secretary, acting through  
18 the Administrator of the Health Resources and Serv-  
19 ices Administration, may make grants to qualified  
20 entities for the development and implementation of  
21 education programs for appropriate health care pro-  
22 fessionals in the use of newly developed diagnostic  
23 approaches, technologies, and therapies for health  
24 professionals involved in the prevention, diagnosis,

1 treatment, and rehabilitation of stroke or traumatic  
2 injury.

3 “(2) DISTRIBUTION OF GRANTS.—In awarding  
4 grants under this subsection, the Secretary shall give  
5 preference to qualified entities that will train health  
6 care professionals that serve areas with a significant  
7 incidence of stroke or traumatic injuries.

8 “(3) APPLICATION.—A qualified entity desiring  
9 a grant under this subsection shall submit to the  
10 Secretary an application at such time, in such man-  
11 ner, and containing such information as the Sec-  
12 retary may require, including a plan for the rigorous  
13 evaluation of activities carried out with amounts re-  
14 ceived under the grant.

15 “(4) DEFINITIONS.—For purposes of this sub-  
16 section:

17 “(A) The term ‘qualified entity’ means a  
18 consortium of public and private entities, such  
19 as universities, academic medical centers, hos-  
20 pitals, and emergency medical systems that are  
21 coordinating education activities among pro-  
22 viders serving in a variety of medical settings.

23 “(B) The term ‘stroke’ means a ‘brain at-  
24 tack’ in which blood flow to the brain is inter-

1           rupted or in which a blood vessel or aneurysm  
2           in the brain breaks or ruptures.

3           “(c) REPORT.—Not later than 1 year after the alloca-  
4   tion of grants under this section, the Secretary shall sub-  
5   mit to the Committee on Health, Education, Labor, and  
6   Pensions of the Senate and the Committee on Energy and  
7   Commerce of the House of Representatives a report on  
8   the results of activities carried out with amounts received  
9   under this section.

10          “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
11   is authorized to be appropriated to carry out this section  
12   \$4,000,000 for each of fiscal years 2008 through 2012.  
13   The Secretary shall equitably allocate the funds author-  
14   ized to be appropriated under this section between efforts  
15   to address stroke and efforts to address traumatic in-  
16   jury.”.

17   **SEC. 3. PILOT PROJECT ON TELEHEALTH STROKE TREAT-**  
18                                   **MENT.**

19          (a) ESTABLISHMENT.—Part D of title III of the Pub-  
20   lic Health Service Act (42 U.S.C. 254b et seq.) is amended  
21   by inserting after section 330L the following:

22   **“SEC. 330M. TELEHEALTH STROKE TREATMENT GRANT**  
23                                   **PROGRAM.**

24          “(a) GRANTS.—The Secretary may make grants to  
25   States, and to consortia of public and private entities lo-

1 cated in any State that is not a grantee under this section,  
2 to conduct a 5-year pilot project over the period of fiscal  
3 years 2008 through 2012 to improve stroke patient out-  
4 comes by coordinating health care delivery through tele-  
5 health networks.

6 “(b) ADMINISTRATION.—The Secretary shall admin-  
7 ister this section through the Director of the Office for  
8 the Advancement of Telehealth.

9 “(c) CONSULTATION.—In carrying out this section,  
10 for the purpose of better coordinating program activities,  
11 the Secretary shall consult with—

12 “(1) officials responsible for other Federal pro-  
13 grams involving stroke research and care, including  
14 such programs established by the Stroke Treatment  
15 and Ongoing Prevention Act; and

16 “(2) organizations and individuals with exper-  
17 tise in stroke prevention, diagnosis, treatment, and  
18 rehabilitation.

19 “(d) USE OF FUNDS.—

20 “(1) IN GENERAL.—The Secretary may not  
21 make a grant to a State or a consortium under this  
22 section unless the State or consortium agrees to use  
23 the grant for the purpose of—



1           “(A) identifying entities with expertise in  
2           the delivery of high-quality stroke prevention,  
3           diagnosis, treatment, and rehabilitation;

4           “(B) working with those entities to estab-  
5           lish or improve telehealth networks to provide  
6           stroke treatment assistance and resources to  
7           health care professionals, hospitals, and other  
8           individuals and entities that serve stroke pa-  
9           tients;

10          “(C) informing emergency medical systems  
11          of the location of entities identified under sub-  
12          paragraph (A) to facilitate the appropriate  
13          transport of individuals with stroke symptoms;

14          “(D) establishing networks to coordinate  
15          collaborative activities for stroke prevention, di-  
16          agnosis, treatment, and rehabilitation;

17          “(E) improving access to high-quality  
18          stroke care, especially for populations with a  
19          shortage of stroke care specialists and popu-  
20          lations with a high incidence of stroke; and

21          “(F) conducting ongoing performance and  
22          quality evaluations to identify collaborative ac-  
23          tivities that improve clinical outcomes for stroke  
24          patients.

1           “(2) ESTABLISHMENT OF CONSORTIUM.—The  
2       Secretary may not make a grant to a State under  
3       this section unless the State agrees to establish a  
4       consortium of public and private entities, including  
5       universities and academic medical centers, to carry  
6       out the activities described in paragraph (1).

7           “(3) PROHIBITION.—The Secretary may not  
8       make a grant under this section to a State that has  
9       an existing telehealth network that is or may be  
10      used for improving stroke prevention, diagnosis,  
11      treatment, and rehabilitation, or to a consortium lo-  
12      cated in such a State, unless the State or consor-  
13      tium agrees that—

14               “(A) the State or consortium will use an  
15              existing telehealth network to achieve the pur-  
16              pose of the grant; and

17               “(B) the State or consortium will not es-  
18              tablish a separate network for such purpose.

19           “(e) PRIORITY.—In selecting grant recipients under  
20      this section, the Secretary shall give priority to any appli-  
21      cant that submits a plan demonstrating how the applicant,  
22      and where applicable the members of the consortium de-  
23      scribed in subsection (d)(2), will use the grant to improve  
24      access to high-quality stroke care for populations with

1 shortages of stroke-care specialists and populations with  
2 a high incidence of stroke.

3 “(f) GRANT PERIOD.—The Secretary may not award  
4 a grant to a State or a consortium under this section for  
5 any period that—

6 “(1) is greater than 3 years; or

7 “(2) extends beyond the end of fiscal year  
8 2012.

9 “(g) RESTRICTION ON NUMBER OF GRANTS.—In  
10 carrying out the 5-year pilot project under this section,  
11 the Secretary may not award more than 7 grants.

12 “(h) APPLICATION.—To seek a grant under this sec-  
13 tion, a State or a consortium of public and private entities  
14 shall submit an application to the Secretary in such form,  
15 in such manner, and containing such information as the  
16 Secretary may require. At a minimum, the Secretary shall  
17 require each such application to outline how the State or  
18 consortium will establish baseline measures and bench-  
19 marks to evaluate program outcomes.

20 “(i) DEFINITION.—In this section, the term ‘stroke’  
21 means a ‘brain attack’ in which blood flow to the brain  
22 is interrupted or in which a blood vessel or aneurysm in  
23 the brain breaks or ruptures.

24 “(j) AUTHORIZATION OF APPROPRIATIONS.—There  
25 are authorized to be appropriated to carry out this section

1 \$10,000,000 for fiscal year 2008, \$13,000,000 for fiscal  
2 year 2009, \$15,000,000 for fiscal year 2010, \$8,000,000  
3 for fiscal year 2011, and \$4,000,000 for fiscal year  
4 2012.”.

5 (b) STUDY; REPORTS.—

6 (1) FINAL REPORT.—Not later than March 31,  
7 2013, the Secretary of Health and Human Services  
8 shall conduct a study of the results of the telehealth  
9 stroke treatment grant program under section 330M  
10 of the Public Health Service Act (added by sub-  
11 section (a)) and submit to the Congress a report on  
12 such results that includes the following:

13 (A) An evaluation of the grant program  
14 outcomes, including quantitative analysis of  
15 baseline and benchmark measures.

16 (B) Recommendations on how to promote  
17 stroke networks in ways that improve access to  
18 clinical care in rural and urban areas and re-  
19 duce the incidence of stroke and the debilitating  
20 and costly complications resulting from stroke.

21 (C) Recommendations on whether similar  
22 telehealth grant programs could be used to im-  
23 prove patient outcomes in other public health  
24 areas.

1           (2) INTERIM REPORTS.—The Secretary of  
2       Health and Human Services may provide interim re-  
3       ports to the Congress on the telehealth stroke treat-  
4       ment grant program under section 330M of the  
5       Public Health Service Act (added by subsection (a))  
6       at such intervals as the Secretary determines to be  
7       appropriate.

8       **SEC. 4. RULE OF CONSTRUCTION.**

9       Nothing in this Act shall be construed to authorize  
10     the Secretary of Health and Human Services to establish  
11     Federal standards for the treatment of patients or the li-  
12     censure of health care professionals.

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